GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 22, 2026

Elizabeth Christians
Orchard Hill Enterprises Inc.
3019 Keith Road
Brethren, MI 49619

RE: License #: AM530268996
**Whippoorwill Knoll**
**1140 W. US 10**
**Scottville, MI 49454**

Dear Ms. Christians:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license and special certification is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0100.

Sincerely,

Rhonda Richards

Rhonda Richards, Licensing Consultant
Bureau of Community and Health Systems
Suite 11
701 S. Elmwood
Traverse City, MI 49684
(231) 342-4942

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**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS**
**BUREAU OF COMMUNITY AND HEALTH SYSTEMS**
**RENEWAL INSPECTION REPORT**

## I. IDENTIFYING INFORMATION

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|---|---|
| **License #:** | AM530268996 |
| **Licensee Name:** | Orchard Hill Enterprises Inc. |
| **Licensee Address:** | 3019 Keith Road<br>Brethren, MI 49619 |
| **Licensee Telephone #:** | (231) 462-3496 |
| **Licensee Designee:** | Elizabeth Christians |
| **Administrator:** | Elizabeth Christians |
| **Name of Facility:** | Whippoorwill Knoll |
| **Facility Address:** | 1140 W. US 10<br>Scottville, MI 49454 |
| **Facility Telephone #:** | (231) 757-9401 |
| **Original Issuance Date:** | 03/23/2010 |
| **Capacity:** | 12 |
| **Program Type:** | DEVELOPMENTALLY DISABLED<br>MENTALLY ILL<br>AGED |
| **Certified Programs:** | DEVELOPMENTALLY DISABLED<br>MENTALLY ILL |

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/21/2026

Date of Bureau of Fire Services Inspection if applicable: 03/06/2026

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 5
No. of others interviewed 0 Role:

- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes ☒ No ☐ If no, explain.
- Meal preparation / service observed? Yes ☒ No ☐ If no, explain.
- Fire drills reviewed? Yes ☒ No ☐ If no, explain.
- Fire safety equipment and practices observed? Yes ☒ No ☐ If no, explain.
- E-scores reviewed? (Special Certification Only) Yes ☒ No ☐ N/A ☐ If no, explain.
- Water temperatures checked? Yes ☒ No ☐ If no, explain.
- Incident report follow-up? Yes ☒ No ☐ If no, explain.
- Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s: N/A ☒
- Number of excluded employees followed-up? N/A ☒
- Variances? Yes ☐ (please explain) No ☐ N/A ☒

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with all applicable rules and statutes

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## IV. RECOMMENDATION

I recommend issuance of a regular license and special certification to this AFC adult medium group home (capacity 7-12).



09/22/2026

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Rhonda Richards Date
Licensing Consultant